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Application Number	10/064,847
Filing Date	8/22/02
First Named Inventor	Aldo A. Laghi
Title	Prosthetic Foot with Media!/Lateral Stabili
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke al	I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.					
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OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 377 (b) (Form PTO/SB/96) submitted herewith or filed on					
SIGNATURE of Applicant or Assignee of Record					
Signature Name	Date 11/1/27				
Title and Company	Aldo A. Laghi Telephone 727-328-8566 President, Alps Intellectual Property Management, LLC				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
signature is required, see below.					
*Total offorms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.